



State of Rhode Island Department of Business Regulation



DIVISION OF COMMERCIAL LICENSING AND REGULATION TRAVEL SECTION

233 Richmond Street, Suite 230
Providence, Rhode Island 2903-4230
Telephone (401) 222-2416 Facsimile (401) 222-6654
www.dbr.state.ri.us

TRAVEL AGENT EXAMINATION APPLICATION AND INSTRUCTIONS

- THE APPLICATION MUST BE COMPLETED AND MAILED TO THIS OFFICE THREE WEEKS PRIOR TO EXAMINATION.
- INCLUDE THE EXAMINATION FEE OF \$10.00. (Check or Money Order) MAKE PAYABLE TO THE STATE OF RHODE ISLAND GENERAL TREASURER.
- A BCI WAIVER FORM MUST ACCOMPANY THE APPLICATION.
- ONCE YOUR APPLICATION IS APPROVED, NOTIFICATION WILL BE SENT BY MAIL AS TO THE DATE AND TIME OF THE NEXT SCHEDULED EXAMINATION. THE EXAMINATION IS GIVEN IN OUR OFFICE AT THE ABOVE ADDRESS.
- YOU WILL BE NOTIFIED IN WRITING OF THE RESULTS WITHIN 15 DAYS AFTER TAKING THE EXAM. DO NOT TELEPHONE THIS OFFICE REQUESTING THIS INFORMATION - YOU WILL RECEIVE WRITTEN NOTIFICATION.
- UPON NOTIFICATION THAT YOU HAVE PASSED THE EXAM, YOU MUST APPLY FOR AND RECEIVE YOUR LICENSE BEFORE YOU CAN START WORK AS AN AGENT OR MANAGER. THE LICENSE FEE IS \$50.00.
- IF YOU PASS THE MANAGER EXAM AND WISH TO OPEN A TRAVEL AGENCY, YOU MUST ALSO APPLY FOR AN AGENCY LICENSE. THE AGENCY LICENSE FEE IS \$125.00.
- IF YOU SHOULD FAIL THE EXAM, EACH SUCCEEDING EXAMINATION WILL REQUIRE AN ADDITIONAL FEE OF \$10.00 ALONG WITH A NEW APPLICATION.
- IF YOU FAILED THE EXAM AND YOU ARE CURRENTLY AN APPRENTICE WORKING FOR A TRAVEL AGENCY, YOU MUST MAINTAIN YOUR APPRENTICE LICENSE IN ORDER TO CONTINUE WORKING.

You will need to know the general means and methods on how to arrange and book travel reservations and accommodations for tickets of domestic or foreign travel by air, rail, ship, bus or other medium of transportation, and for hotel or other lodging accommodations. You will also need to know the state and federal statutes regarding the laws and regulations relating to the travel industry.

The Rhode Island General Law Title 5, Chapter 5-52, along with the Rules and Regulations of Travel Agencies as governed by this Department, are available to the public for a fee of \$2.00. Check should be made payable to The State of Rhode Island General Treasurer. You may also attain this information on our web site www.dbr.state.ri.us.



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APPLICATION FOR EXAMINATION OF TRAVEL AGENT

1. _____
Name: (Last) (First) (Middle)
2. _____
Residence (Street) (City/Town) (State) (Zip)
3. _____ 4. _____ 5. _____
Social Security Number Date of Birth Home Telephone

6. Have you, the signator of this application, ever been convicted in any jurisdiction of a felony involving theft, fraud, or breach of fiduciary relationship. Yes _____ No _____

If the answer is **yes**, List Name of individual, charge, court of jurisdiction, date of conviction, penalty imposed, final disposition, if any, on a separate sheet of paper and attach it to this application.

7. Are you presently licensed as an apprentice with a Licensed Travel Agency? Yes _____ No _____

If **YES**: Apprentice License Number: _____ Date Issued: _____ Expiration Date: _____

Name of Travel Agency license is held under: _____

If **NOT** a Licensed Apprentice then, I hereby **FURNISH EVIDENCE** that I have been certified to have completed a course of study leading to qualification as a Travel Agent at a recognized educational institution. (Attach separate sheet if necessary).

Name of Institution Course Title Attendance To/From Date of Graduated

8. All Applicants must have this section endorsed by two (2) reputable citizens of the community in which you reside or have resided.

Print Name of Endorser

Print Name of Endorser

Signature of Endorser

Signature of Endorser

Address and Telephone Number

Address and Telephone Number

The undersigned hereby applies to be examined by the Rhode Island Department of Business Regulation for a license entitling me to act and be known as a Travel Agent in the State of Rhode Island pursuant to the provisions of Title 5, Chapter 5-52 of the General Laws of Rhode Island and makes oath to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements hereto attached.

X _____
Signature of Applicant

Subscribed and sworn to me at _____ before me this _____, day of _____, _____.

Signature of Notary Public X _____ My commission Expires:



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BCI WAIVER FORM

I, _____, of _____
(applicant name) (address)

having date of birth of _____ and a social security
number of _____ am applying for a _____ license,

with the Department of Business Regulation and I hereby direct and authorize
the Bureau of Criminal Identification of the Department of Attorney General for
the State of Rhode Island to make available to the Department of Business
Regulation any criminal record or other disposition that the Bureau of Criminal
Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and
demands of every kind, nature and description, arising from any release of
criminal records and requests there from, whatsoever against the State of Rhode
Island, Bureau of Criminal Identification, the Attorney General, the employees
of the Attorney General's Office and officials of the Department of Business
Regulation in both law and equity which I may now have or in the future may
have.

X _____
(Signature of Applicant)

Date

Sworn to me on this _____, day of _____, _____.

X _____ My Commission Expires: _____
Notary Public Signature